



RCE 11616
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PTO/SB/17 (11-00)
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/581,847	RECEIVED
Filing Date	June 19, 2000	
First Named Inventor	Ronen SANDER et al.	DEC 12 2002
Examiner Name	John D. Pak	TECH CENTER 1600/2900
Group / Art Unit	1616	
Attorney Docket No.	MERCK-2114	

TOTAL AMOUNT OF PAYMENT (\$) 740

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:				3. ADDITIONAL FEES			
Deposit Account Number: 13-3402				Large Entity Fee (\$)			
Deposit Account Name: Millen, White, Zelano & Branigan, P.C.				Small Entity Fee (\$)			
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				Fee Code			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Fee Description			
2. <input checked="" type="checkbox"/> Payment Enclosed:				Fee Paid			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Fee (\$)							
Small Entity Fee (\$)							
Fee Description							
Fee Paid							
101 740 201 370 Utility filing fee							
106 330 206 165 Design filing fee							
107 510 207 255 Plant filing fee							
108 740 208 370 Reissue filing fee							
114 160 214 80 Provisional filing fee							
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES							
Total Claims 16 -20** = 0 X 18 = 0							
Independent Claims 3 -3** = 0 X 84 = 0							
Multiple Dependent X = 0							
Large Entity Fee (\$)							
Small Entity Fee (\$)							
Fee Description							
103 18 203 9 Claims in excess of 20							
102 84 202 42 Independent claims in excess of 3							
104 280 204 140 Multiple dependent claim, if not paid							
109 84 209 42 ** Reissue independent claims over original patent							
110 18 210 9 ** Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2)				(\$ 0)			
**or number previously paid, if greater; For Reissues, see above							
				Other fee (specify) _____			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3)			
				(\$ 740)			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	JOHN A. SOPP	Registration No. Attorney/Agent)	33,103
Signature		Telephone	703-243-6333
		Date	December 9, 2002

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